

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

**10/58-196**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		4				
6		(1)				
7		(1)				
8		(1)				
9		(1)				
10		(1)				
11		(1)				
12		1				
13		1				
14		1				
15		1				
16		1				
17		1				
18		4				
19		(1)				
20		(1)				
21		(1)				
22		(1)				
23		(1)				
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47						
48						
49						
50						
TOTAL IND.	1					
TOTAL DEP.	29					
TOTAL CLAIMS	30					

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						